

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | N.A      |        | 08/08/01 |
| O.I.P.E. CLASSIFIER       |          | 10     | 8-14-01  |
| FORMALITY REVIEW          | 1/h      | 5064   | 9/3/01   |
| RESPONSE FORMALITY REVIEW | LC       | 1024   | 11/5/01  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     |       | 3/1/03   |      |
| 2     |       | 5/7/03   |      |
| 3     |       | 11/6/00  |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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9/10/01  
 11/10/01  
 11/10/01  
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